No. 16-2

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Chasles Donaldsex
Sex M Date of Death Let 35, 1976
Place of Malborough Ma
Date of Birth Jan 2, 1890
Immediate gastric hemorshage
Certifier Joha Paul aheadotto
Permit Mary Lenesal Home
Disposition Apple Comedery
Name of MOUIS F. W.
Date Permit 100 17, 2016

R-309-10 The Commonwealth of Massachusetts

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink. City/Town .. A satisfactory death certificate having been filed for and who died of Permission is hereby given for (check all appropriate boxes): [] Disposition at: name and address of cemetery or crematory [] Transportation to: name and address of immediate destination of remains Permission is hereby given to:

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

R-309-10 The Commonwealth of Massachusetts

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clork) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.
City/Town Serus beringh Date 100 17 20 16
A satisfactory death certificate having been filed for Concellation
_ Full name of decedent
who died on December 35,1976 US War Veteran
born on, who resided at
199 Mars street
foretherizegk me 01772)
and who died of atterios desort desort desorts
Permission is hereby given for (check all appropriate boxes):
Removal from:
[VDisposition at: HOPL Cemelery, WOTCester Mac name and address of cemelery or crematory
[] Transportation to:
Permission is hereby given to: Mossy Gueneral Horse
and the state of t
40 Mars St. Southborough Mar

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)





State File#

2016 036682

RECEIVED

TOWN CLERK'S OFFICE

2017 JUL -5 A 11: 10

iormation necessar	y ior tne	Certificate	oi Death	nas been	completed	ior:
•					-	

Decedent Name BEALS, ELAINE SOUTHBOROUGH, MA Place of Death 2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MA FEMALE Date of Birth FEBRUARY 01, 1923 **AUGUST 21, 2016** Sex Date of Death 2 CHESTNUT HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier URSULA COLLINSON, MD Lic # 154214 Addr. 1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605 Immediate Cause of Death **AUTONOMIC DYSFUNCTION** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50881 Funeral Licensee/Designee PHILLIP R. SHORT Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition AUGUST 24, 2016 ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603 **Endorsements** Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH PERMIT State Tracking # 036682 Local Permit# E-PERMIT Date **AUGUST 24, 2016** Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Facility Name and Address) Signature Riverside Cemetery Glenallenstreet X unchendon MA 01475 Date of Disposition Name of Superintendent or Authorized Designee: Disposition Type Buria June 10, 2017

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics Registry of viun necona and DISPOSITION, REMOVAL

State File#

2016 036682

			1/27/							
0000	0150575			OR 1	TRANSPOR			DECEIVED		
Forn	n R-309 07012014				PERMI	1		RECEIVED Town Clerk's office		
Info	ormation necessary for	the Cert	ificate of I	Death ha	s been complete	d for:		TO THE COURSE OF OUR FOR		
	D. J. W. DEALS	171	ATATE					2016 SEP - 7 P 3: 18		
	Decedent Name BEALS				I THEADAICE	I MA		001171170707011011 144		
		ST 21, 2		'АD, SU	UTHBOROUGI Do		BRUARY 01, 1923	SOUTHBOROUGH, MA		
ENT	•	•		יטא מאי	<i>UTHBOROUGI</i>	-	•	Sex FEMALE		
ECEDE	If U.S. veteran, specify wa			-	CIIDOROCGI	i, MASSACIIC	35113 01772	<u> </u>		
DEC	NO			,	_					
	Branch of military (most r			- A	ank/organization 	outfit(most recent)				
	Date entered(most recent) Da				ite Discharged (mo	ost recent)	Service Number(n	nost recent)		
В	Certifier URSULA CO	LLINSO	N, MD				Lic # 154214			
	Addr. 1 WEST BOYLS	TONS	TREET, W	VORCES	TER, MASSAC	CHUSETTS 016	605	4-		
Addr. 1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605 Immediate Cause of Death AUTONOMIC DYS FUNCTION										
Th	nis permit authorizes th	e followi	ing Funera	al Service	e Licensee or De	signee to remov	ve, dispose or trans	sport remains as listed below:		
z	Funeral Licensee/Designee PHILLIP R. SHORT Lic # 50881									
101	Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS									
1180	Disposition Type CREM	ATION					Date of Disposition	AUGUST 24, 2016		
DISPOSITIO	Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603									
En	dorsements									
_	Registry of Vital Record	s and Sta	tistics		Board of Health	Agent for: SOU	THBOROUGH			
MIT	State Tracking # 0366	82			Local Permit#	E-PERMIT				
PER	Date AUG	UST 24	, 2016		Date					
					Name of Agent					
z	I hereby certify that the	remains v	were dispos	ed of in a	ccordance with its	terms at the plac	e and date below:			
ATION	Place of Disposition (Fac	ility Name	and Addres	ss)		Signature				
FIRM	All Faiths C	rema	tory, W	orces	ster	$ _{X}$	Zean P. O	Inderson		
CON	Disposition Type		Date of D	isposition		Name of Super	Intendent or Authoriz	ed Designee:		
Ľ	Cremation			8/2	6/2016	⊥ s	ean P. And	erson		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

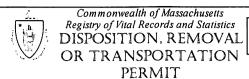
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

RECEIVED

SEP -7 2016





State File #

2016 036682

Information necessary for the Certificate of Death has been completed for:
--

11111	Jimation necess	ary for the Certi	neate of Death na	as been complete	u 101.							
	Decedent Name	BEALS , ELA	AINE									
	Place of Death	2 CHESTNUT	HILL ROAD, SO	UTHBOROUG	I, MA							
T N	Date of Death	AUGUST 21, 20)16	Da	te of Birth	FEBRUARY	01, 1923	Sex	FEMALE			
DEN	Residence	2 CHESTNUT	HILL ROAD, SO	UTHBOROUGH	I, MASS	ACHUS ETTS	01772					
ECEDE	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)									
DE	Branch of militar	y (most recent)		R	Rank/organization/outfit(most recent)							
	Date entered(mos	ate Discharged (mo	st recent)	Service	Number(mos	t recent)						
~	Certifier URS U	LA COLLINSO	N, MD			Lic # 1	54214					
Addr. 1 WEST BOYLSTON STREET, WORCESTER, MASSACHUSETTS 01605 Immediate Cause of Death												
CERTI	Immediate Cause AUTONOMIC	of Death DYS FUNCTIO	N									
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
z	Funeral Licensee/ Designee PHILLIP R. SHORT Lic # 50881											
	Facility. WILLIAM R. SHORT & SON FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS											
SPOSITIO	Disposition Type	CREMATION				Date of L	Disposition Al	UGUST 24,	2016			
DISPO	Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603											
En	dorsements											
	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for	: SOUTHBOR	OUGH					
ERMIT	State Tracking #	036682		Local Permit#	16-12							
PER	Date	AUGUST 24,	2016	Date	AUGUS	T 24, 2016						
-				Name of Agent	JAMES	F. HEGARTY						
z	I hereby certify	that the remains v	vere disposed of in a	accordance with its	terms at t	he place and dat	e be low:					
ATION	Place of Disposi	tion (Facility Name	and Address)		Signatu	re						
Σ												
ONFIR					X Name of Superintendent or Authorized Designee:							
CON	Disposition Type	?	Date of Dispositio	n	Name o							

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts

			DISPOSITION, R		State File #						
000	0162655		OR TRANSPOR		RE	CEIVED					
For	n R-309 07012014		PERMIT	I.	ħ						
Inf	ormation neces	sary for the Certificate of l	Death has been complete	d for:		EC 02 2016					
	Decedent Name	RHODES , MARY	L			rough Board of Health					
	Place of Death	3 BOSWELL LANE, SO	UTHBOROUGH, MA								
F	Date of Death	OCTOBER 18, 2016	Da	te of Birth DE	CEMBER 17, 1957	Sex FEMALE					
EN	Residence	S 01772									
Residence 3 BOSWELL LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO											
9	Branch of milita	ry (most recent)	R	Rank/organization/outfit(most recent)							
	Date entered(mo	ost recent)	Date Discharged (mo	st recent)	Service Number(most r	ecent)					
Certifier JAMES E HOWE, MD											
TIFIER	Addr. 24 NEW	TON STREET, SOUTHB	ORO, MASSACHUSET	TS 01772							
CERTI	Immediate Caus ENDOMETRI	e of Death IAL CANCER									
TI	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
	z Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277										
	1	RIS FUNERAL HOME, S	OUTHBURUUGH, MAS	JOINCARCO DE .	10						
	Facility. MOR	RIS FUNERAL HOME, S e CREMATION	OUI HBOROUGH, MAS		Date of Disposition OC	TOBER 24, 2016					
	Facility. MOR Disposition Type Place/Address				Date of Disposition OC	TOBER 24, 2016					
DISPOSITIO	Facility. MOR Disposition Typi Place/Address RURAL CEM	e CREMATION			Date of Disposition OC	TOBER 24, 2016					
DISPOSITIO	Facility. MOR Disposition Typ. Place/Address RURAL CEM	e CREMATION IETERY, 180 GROVE ST	REET, WORCESTER, M	MASSACHUS	Date of Disposition OC ETTS 01605	TOBER 24, 2016					
OITISOASIU E	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita	e CREMATION IETERY, 180 GROVE ST al Records and Statistics	REET, WORCESTER, M Board of Health	MASSACHUS	Date of Disposition OC	TOBER 24, 2016					
OITISOASIQ E TIM	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking #	e CREMATION IETERY, 180 GROVE ST al Records and Statistics 4 045533	Board of Health Local Perm it #	MASSACHUS	Date of Disposition OC ETTS 01605	TOBER 24, 2016					
OITISOASIU E	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita	e CREMATION IETERY, 180 GROVE ST al Records and Statistics	REET, WORCES TER, M Board of Health Local Permit # Date	MASSACHUS	Date of Disposition OC ETTS 01605	TOBER 24, 2016					
OITISOASIQ E TIM	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date	e CREMATION IETERY, 180 GROVE ST al Records and Statistics 4 045533 OCTOBER 20, 2016	Board of Health Local Permit # Date Name of Agent	MASSACHUS	Date of Disposition OC ETTS 01605 UTHBOROUGH	TOBER 24, 2016					
PERMIT T DISPOSITIO	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	e CREMATION IETERY, 180 GROVE ST. al Records and Statistics 4 045533 OCTOBER 20, 2016 t that the remains were dispose	Board of Health Local Permit # Date Name of Agent	MASSACHUS MAGENT for: SO E-PERMIT terms at the pla	Date of Disposition OC ETTS 01605 UTHBOROUGH	TOBER 24, 2016					
PERMIT T DISPOSITIO	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	e CREMATION IETERY, 180 GROVE ST. al Records and Statistics 4 045533 OCTOBER 20, 2016 t that the remains were dispose	Board of Health Local Permit # Date Name of Agent	MASSACHUS	Date of Disposition OC ETTS 01605 UTHBOROUGH ace and date below:						
OITISOASIQ E TIM	Facility. MOR Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	e CREMATION IETERY, 180 GROVE ST al Records and Statistics 4 045533 OCTOBER 20, 2016	Board of Health Local Permit # Date Name of Agent	MASSACHUS MAGENT for: SO E-PERMIT terms at the pla	Date of Disposition OC ETTS 01605 UTHBOROUGH						

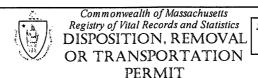
Acceptance of Permit Cremostion

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2016

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State File # 2016 045533

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	RHODES, N	MARY L						
	Place of Death	3 BOSWELL L	ANE, SOUTHBO	OROUGH, MA					
ے	Date of Death	OCTOBER 18,			•	DECEMBER	17, 1957	Sex	FEMALE
ENT	Residence		ANE, SOUTHBO	DROUGH, MASS	ACHUSI	ETTS 01772			
DECED	NO	pecify war/conflict(.	s) (most recent)						
_	Branch of militar	ry (most recent)			ank/organi 	ization/outfit(most	receni)		
	Date entered(mo	st recent)	<i>D</i>	ate Discharged (mo 	st recent)	Service i	Number(most r	ecent)	
~	Certifier JAME	S E HOWE, ME)			Lic # 71	1209		
Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772									
CERTIFIER	Immediate Cause ENDOMETRI								
Th	is parmit autho	rizas tha followi	ng Funeral Servi	ce Licensee or De	signee to 1	remove, dispose	or transport	remains	as listed below:
111				Le Lacensec of Be.				# 50277	
Z O		e/Designee NANC	HOME, SOUTHI	DODOUCH MAS	S ACHU	e ette			
081710	,		HOME, SOUTH	orough, MA	SACIIO		isposition OC	TOBER 2	4. 2016
POS	Disposition Type Place/Address	CREMATION		Date of Disposition OCTOBER 24, 2016					
DISI	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements	·							
	Registry of Vita	l Records and Stat	tistics	Board of Health/Agent for: SOUTHBOROUGH					
ERMIT	State Tracking #	045533		Local Permit#	16-16				
ERI	Date	OCTOBER 2	20, 2016	Date	ОСТОЕ	BER 24, 2016			
4				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms attl	he place and date	below:		
ATION	Place of Disposi	tion (Facility Name	and Address)		Signatu	re			
MA									
FIRM			•		X				
CON	Disposition Type	?	Date of Dispositio	Disposition Name of Superintendent or Authorized Designee:					
			1		•				

Acceptance of Permit

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64539



Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

John H Cobil

2016 037343

OCME CASE # 2016-10622RECEIVED

l									
Inf	ormation neces	sary for the Certificate of Dea	th has been complete	d for:	2016	OCT -3	IP 2:03		
	Decedent Name	MERLONI , JEFFREY	JAMES						
i i	Place of Death	12 E MAIN STREET, SOU	THBOROUGH, MA		30(HROKO	UGH, MA		
_F	Date of Death	AUGUST 26, 2016	Da	te of Birth	OCTOBER 25, 1960	Sex	MALE		
ENT	Residence	12 E MAIN STREET, SOU	THBOROUGH, MAS	SACHUS	ETTS 01772				
ECED		pecify war/conflict(s) (most recent)							
DE	NO Branch of milita	ry (most recent)	1						
	Date entered(mo	ost recent)	Date Discharged (m	ost recent)	Service Number(most	t recent)			
~	Certifier ANAN	D B. SHAH, MD			Lic # 263749				
FIE	Addr. 720 ALB	ANY STREET, BOSTON, M	IASSACHUSETTS 0	2125					
CERTIFIER	Immediate Cause PENDING	e of Death							
TI	his permit autho	rizes the following Funeral S	ervice Licensee or De	signee to r	emove, dispose or transpo	rt remains:	as listed below:		
z	Funeral License	e/Designee NANCYG MORRI	S		L	ic # 50277			
	Facility. MOR	RIS FUNERAL HOME, SOU	THBOROUGH, MA	SSACHUS	SETTS				
OSITIO	Disposition Type	CREMATION	Date of Disposition SEPTEMBER 05, 2016						
DISPO	Place/Address	MEEDY 11 CODDAMILE I	ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
ā	RURAL CEN	EIEKI, II COKDAVILLE I	COAD, SOUTIBOR	ough, M	ASSACIOSEI IS 01/12				
Er	ndorsements			····					
	Registry of Vita	d Records and Statistics	Board of Healt	h/Agent for	SOUTHBOROUGH				
MIT	State Tracking #	037343	Local Permit#	16-13					
ER	Date	AUGUST 29, 2016	Date	AUGUS?	Г 29, 2016				
			Name of Agent	JAMES	F. HEGARTY				
z		that the remains were disposed o	f in accordance with its	terms at th	e place and date below:				
TION	Place of Disposi	tion (Facility Name and Address)		Signatur	e 2 0	1-01	<i></i>		
K M A	91	tion (Facility Name and Address) Aral Cremators Street BO Grove Street MA 01605			John 74 C				
NFIRM	171	arai Crem Street BO Grove Street MA 01605		X			···		
16	D:		***	Man a a4	Comminted down on Authorized	Dagiamaa			

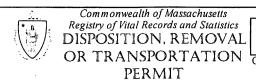
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SEP

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State File#

2016 037343

OCME CASE # 2016-10622

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	MERLONI,	JEFFREY JAN	1ES								
	Place of Death	12 E MAIN ST	REET, SOUTHBO	OROUGH, MA								
۱ ـ	Date of Death	AUGUST 26, 20)16	Dat	e of Birth	OCTOBER 25, 1960	Sex	MALE				
DECEDENT	Residence	12 E MAIN ST	REET, SOUTHBO	OROUGH, MAS	SACHUS	ETTS 01772						
CEL		pecify war/conflict(.	s) (most recent)		_							
D E	NO Branch of militar	v (most recent)		R	Rank/organization/outfit(most recent)							
		, (,										
ı	Date entered(mo.	st recent)	Da	te Discharged (mo	st recent)	Service Number(most i	recent)					
	Certifier ANAN	D B. SHAH, MI)			Lic # 263749						
Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02125												
CERTIFIER	Immediate Cause	of Death										
CE	PENDING											
Th	is permit autho	rizes the followi	ng Funeral Service	Licensee or Des	ignee to	remove, dispose or transpor	remains	as listed below:				
z	Funeral Licensee	Designee NANC	CY G MORRIS			Lic	# 50277					
9	Facility. MORI	RIS FUNERAL I	HOME, SOUTHB	OROUGH, MAS	SACHU	SETTS						
S	Disposition Type	Disposition Type CREMATION Date of Disposition SEPTEMBER 05, 2016										
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772											
-	RUMAL CEMETERT, II CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01/12											
En	dorsements											
	Registry of Vita	Records and Stat	istics	Board of Health	Agent for	: SOUTHBOROUGH						
PERMIT	State Tracking #	037343		Local Permit#	16-13							
ER	Date	AUGUST 29,	2016	Date	AUGUS	Т 29, 2016						
-				Name of Agent	JAMES F. HEGARTY							
z	I hereby certify	that the remains w	ere disposed of in a c	cordance with its	terms at th	ne place and date below:						
2	Place of Disposit	ion (Facility Name	and Address)		Signatu	re						
Υ					ļ							
٦.					X							
CONFIRMATIO	Disposition Type Date of Disposition				Name of Superintendent or Authorized Designee:							
٠ ا					1							

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2016 037611

Inf	ormation necessary for the Certificate of Death h		ZOIL OCI	-31P	2: 9				
	Decedent Name LEEDS JR, JOHN HUNTI			SOUTHE	OROUGH	. MA			
	Place of Death 118 MIDDLE ROAD, SOUTHE	BOROUGH, MA				l			
Т	Date of Death AUGUST 28, 2016	Date of Birth	AUGUST 20, 1946	Sex	MALE				
EN	Residence 118 MIDDLE ROAD, SOUTHE	SETTS 01772		,					
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM								
a	Branch of military (most recent) NAVY		nization/outfit(most recent) THERLAND						
		Date Discharged (most recent) FEBRUARY 16, 1966	Service Number(mos 9131219	t recent)					
R	Certifier TAMMY HARRIS, MD		Lic # 53037						
FIE	Addr. 24 NEWTON STREET, SOUTHBOROU	GH, MASSACHUSETTS	01772						
CERTIFIER	Immediate Cause of Death ALZHEIMER'S DISEASE								
Tł	nis permit authorizes the following Funeral Servi	ice Licensee or Designee to	remove, dispose or transpo	rt remains a	s listed belo	w:			
1	Funeral Licensee/ Designee NANCYG MORRIS		L	ic # 502 77					
101	Facility. MORRIS FUNERAL HOME, SOUTH	BOROUGH, MASSACHU	SETTS						
SIT	Disposition Type CREMATION	Date of Disposition SEPTEMBER 02, 2016							
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
۵	HOLLIE CEMERAL, 100 GROVE STREET,	,, 01,022 123, 122 5110							
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health/Agent for	: SOUTHBOROUGH						
PERMIT	State Tracking # 037611	Local Permit# E-PERM	IIT						
ER	Date AUGUST 30, 2016	Date							
-		Name of Agent							
z	I hereby certify that the remains were disposed of in		he place and date below:						
TIO	Place of Disposition (Facility Name and Address)	Signatu							
NFIRMATION	Place of Disposition (Facility Name and Maress) Place of Disposition (Facility Name and Maress) Place of Disposition (Facility Name and Mares) Place of Disposition (Facili	5	x John 74 Cohle						
FIR	180 Grove MA OVO	X							
Z	Diamonition Time - Olive Date of Diamonitie	Name o	f Superintendent or Authorized	Designee ·					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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SEP

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2016 037611

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	LEEDS .	JR,	JOHN	HUN	TING					•			
	Place of Death	118 MIDI	DLE	ROAD,	SOUT	HBOROU	J GH, MA							
_	Date of Death	AUGUST	28, 2	2016			Da	te of Birth	AUGU	ST 20, 1946		Sex	MALE	
EN	Residence	118 MID	DLE	ROAD,	SOUT	HBORO	UGH, MAS	SACHUS	ETTS 0	1772				
ECEDENT	If U.S. veteran, sp VIETNAM	(s) (most	recent)	-										
Ω	Branch of militar NAVY	ry (most rece	ent)					Rank/organ U SS SOU		ufit(most recent AND	<i>(</i>)			
	Date entered (most recent) SEPTEMBER 09, 1964					scharged (m ARY 16,19	,		Service Numbe 9131219	er(most recen	1)			
×	∠ Certifier TAMMY HARRIS, MD									Lic # 53037				
FIE	Addr. 24 NEW	TON STR	EET,	SOUT	HBORG	UGH, M	(ASSACH)	US ETTS (01772					
CERTIFIER	Immediate Cause ALZHEIMER'S		SE									_		
Th	is permit autho	rizes the f	ollow	ing Fun	eral Se	rvice Lice	nsee or De	signee to	remove,	dispose or tra			as listed below:	
7	Funeral License	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277												
0	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS													
SIT	Disposition Type CREMATION Date of Disposition SEPTEMBER 02, 2016													
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605													
0	RUKAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01003													
En	dorsements													
	Registry of Vita	il Records a	nd St	a tistics		Boa	rd of Healt	h/Agent for	: SOUTI	HBOROUGH				
PERMIT	State Tracking #	037611				Loc	al Permit#	16-14						
ER	Date	AUGU	ST 3	0, 2016		Dat	e	AUGUS	T 30, 20	16				
_					Nan	ne of Agent	gent JAMES F. HEGARTY							
z	I hereby certify	that the re	mains	were dis	posed of	in accord	ance with its	s terms at t	he place a	nd date below	:			
Т10	Place of Disposi	tion (Facilit	y Nam	e and Ad	dress)			Signatu	ire					
Ψ	Place of Disposition (Facility Name and Address) Disposition Type Date of Disposition													
×														
-								X		tendent or Auth				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 037611

Form R-309 07012014

PERMIT

Inf	ormation necessa	ry for the Certificate	of Death ha	s been complete	d for:			1911 4:12
	Decedent Name I	EEDS JR, JOHN	HUNTIN	G			SOUTHB	OROUGH. MA
	Place of Death 1	18 MIDDLE ROAD,	SOUTHBO	DROUGH, MA				
T	Date of Death A	AUGUST 28, 2016		Da	te of Birth	AUGUST 20, 1946	Sex	MALE
DEN	Residence 1	18 MIDDLE ROAD,	SOUTHBO	OROUGH, MAS	SACHUS	ETTS 01772		
DECEDENT	If U.S. veteran, spe VIETNAM Branch of military	cify war/conflict(s) (mos (most recent)	trecent)		Rank/organi	zation/outfit(most recent)		
	NAVY	(τ	USS SÕUT	THERLAND		
	Date entered(most to SEPTEMBER 05			ite Discharged (mo BRUARY 16, 19		Service Number(1 9131219	most recent)	
~	Certifier TAMM				· · · · · · · · · · · · · · · · · · ·	Lic # 53037		
FIE	Addr. 24 NEWTO	ON STREET, SOUT	HBOROUG	H, MASSACHI	US ETTS 0	1772		
CERTIFIER	Immediate Cause o							
Th	is permit authori	zes the following Fur	eral Service	LicenseeorDe	signee to 1	emove, dispose or tran		as listed below:
z	Funeral Licensee/ I	Designee NANCYG N	IORRIS				Lic # 50277	
10	Facility. MORRI	S FUNERAL HOME	, SOUTHB	OROUGH, MAS	SSACHUS	ETTS		
SI	Disposition Type (CREMATION				Date of Disposition	SEPTEMBER	2 02, 2016
DISPOSITION	Place/Address RURAL CEMET	TERY, 180 GROVE	STREET, W	ORCESTER, M	MASSACI	HUSETTS 01605		
En	dorsements							
ľ	Registry of Vital F	Records and Statistics		Board of Health	/Agent for:	SOUTHBOROUGH		
MI	State Tracking #	037611		Local Permit#	E-PERM	TT .		
PERMIT	Date	AUGUST 30, 2016		Date				
				Name of Agent				
z		at the remains were dis	-	cordance with its	terms at th	e place and date be low:		
CONFIRMATION	Place of Disposition RUNAL CEM 11 CEMPAVILLE		dress) WEU, W	Nu	Signatur	William 1	M - K	
CON	Disposition Type	i	of Disposition	2016		Superintendent of Authoriz	red Designee:	neo

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top

Decedent Name EARHART, LOIS

64283



Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File # 2016 032235

PERMIT

Information necessary for the Certificate of Death has been completed for:

Place of Death 13 CAROLYN TERRACE, SOUTHBOROUGH, MA **FEMALE** Date of Birth FEBRUARY 17, 1919 Sex JULY 23, 2016 Date of Death 13 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) ŇO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number (most recent) Date Discharged (most recent) Date entered/most recent) Lic # 51102 Certifier STEPHEN HOFFMANN, MD Addr. 61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death **ACUTE RESPIRATORY FAILURE** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic# 50277 Funeral Licensed Designee NANCYG MORRIS DISPOSITION Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS Date of Disposition JULY 26, 2016 Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics PERMIT E-PERMIT Local Permit# State Tracking # 032235 Date JULY 26, 2016 Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Facility Name and Address) Signature Disposition Type 80 Grove Street MOTCESTER Date of Disposition Name of Superinter

Acceptance of Permit Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form





State File # 2016 032235

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	EARHART ,	LOIS J.						
	Place of Death	13 CAROLYN	TERRACE, SOU	THBOROUGH,	MA				
٤	Date of Death	JULY 23, 2016		Dat	e of Birth	FEBRUARY 17, 1919	Sex FEMALE		
DEN	Residence	13 CAROLYN TERRACE, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECEDENT	If U.S. veteran, sp NO	n, specify war/conflict(s) (most recent)							
DE	Branch of military (most recent)			R	ank/organ	ization/outfit(most recent)			
	Date entered(mo	st recent)	D	ate Discharged (mo.	st recent)	Service Number(most r	ecent)		
_	Certifier STEPI	IEN HOFFMAN	IN. MD			Lic # 51102			
CERTIFIER	_		•	MASSACHUSE	TTS 0170	02			
TIF	Addr. 61 LINCOLN STREET, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death								
CER	ACUTE RES PIÑATORY FAILURE								
Th	is nermit autho	rizes the followi	ng Funeral Servic	e Licensee or Des	ignee to	remove, dispose or transport	remains as listed below	w:	
_							# 50277		
N O	Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
DISPOSITION	Disposition Type CREMATION				0.10110	Date of Disposition JUI	Y 26, 2016		
P 0 S	Place/Address								
DIS	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
	Registry of Vita	Records and Stat	istics	Board of Health/Agent for: SOUTHBOROUGH					
PERMIT	State Tracking #	032235		Local Permit #	16-10				
ER	Date	JULY 26, 201	16	Date	JULY 2	6, 2016			
-				Name of Agent	JAMES F. HEGARTY				
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	ne place and date below:			
ATION	Place of Disposit	ion (Facility Name	and Address)		Signatu	re			
M									
ONFIRM						X			
7					1				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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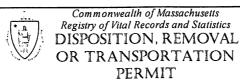
64147

000	Regis DISF	mmonwealth of Massachusetts stry of Vital Records and Statistics POSITION, REMOVAL TRANSPORTATION							
Fon	n R-309 07012014	PERMIT							
ì	nformation necessary for the Certificate of Death has been completed for:								
	Decedent Name CHEES EMAN JR., EVANS	WILLIAM							
	Place of Death 30 MAPLECREST DRIVE, SO	UTHBOROUGH, MA							
_	Date of Death JULY 01, 2016	Date of Birth SEPTEMBER 30, 1946 Sex MALE							
EDENT	Residence 30 MAPLECREST DRIVE, SO	UTHBOROUGH, MASSACHUSETTS 01772							
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO								
^	Branch of military (most recent)	Rank/organization/outfil(most recent)							
	Date entered(most recent) D	Date Discharged (most recent) Service Number (most recent)							
2	Certifier GORDON S. MANNING, MD	Lic # 49844							
RTIFIER	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581								
CERT	Immediate Cause of Death METASTATIC URACHAL ADENOCARCINO)MA							
TI	ais permit authorizes the following Funeral Service	ce Licensee or Designee to remove, dispose or transport remains as listed below:							
	Funeral Licensee Designee NANCY G MORRIS	Lic # 50277							
C	Facility. MORRIS FUNERAL HOME, SOUTH	ROROUGH, MASS ACHUSETTS							
DISPOSITIO	Disposition Type CREMATION	Date of Disposition JULY 06, 2016							
5	Place/Address								
918	RURAL CEMETERY, 180 GROVE STREET, V	WORCESTER, MASSACHUSETTS 01605							
10-	J								
	dorsements								
TIM	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH							
M	State Tracking # 029187	Local Permit # E-PERMIT							
PFR	Date JULY 05, 2016	Date —							
<u></u>		Name of Agent							
NO.	I hereby certify that the remains were disposed of in a								
ATI	Place of Disposition (Facility Name with Address)	Signature John W Cohle							
RM	Bural Crove 2NAO1	Jan 14 Coloco							
CONFIRMATION	Place of Disposition (Facility Name Note Address) Rufal Grove Str. NA 01606 Disposition Type Place of Disposition (Facility Name Note Address) Disposition Type	X							
00	Place of Disposition (Facility Name and Adapts) Rural Grove MA 01605 Rural Grove MA 01605 Disposition Type Norces Date of Disposition	Name of Superintendent or Authorized Designee:							
	cremation								

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State File # 2016 029187

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	Decedent Name CHEESEMAN JR., EVANS WILLIAM							
	Place of Death	30 MAPLECRE	ST DRIVE, SOU	лтнвокоugh,	MA				
	Date of Death	JULY 01, 2016			•	OEI IEIIEE CO, IS TO SOM	ALE		
DENT	Residence			JTHBOROUGH,	MASSA	CHUS ETTS 01772			
ECED	If U.S. veteran, s	pecify war/conflict(s) (most recent)						
DE	Branch of milita	ry (most recent)		R	'ank/organi	nization/outfit(most recent)			
			_	ata Disahawaa d	et recent	Service Number(most recent)			
	Date entered(mo	osi recent)		ate Discharged (mo -	si recent)				
~	Certifier GORI	OONS. MANNIN	VG, MD			Lic # 49844			
TIFIER	_		VESTBOROUGH,	, MASSACHUS	ETTS 015	581			
∞	Immediate Cause		DENOCARCINO	MΔ					
CE									
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or Des	signee to i	remove, dispose or transport remains as li	sted below:		
z	Funeral License	e Designee NANC	CY G MORRIS			Lic # 502 77			
01.	Facility. MOR	RIS FUNERAL 1	HOME, SOUTHB	BOROUGH, MAS	SSACHU				
1118	Disposition Type CREMATION Date of Disposition JULY 06, 2016								
DISPOSITIO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
[[RUNAL CEMETERT, 100 GROVE DIRECT, WORCED LEG ME STOTE								
En	dorsements								
	Registry of Vita	al Records and Stat	tistics	Board of Health/Agent for: SOUTHBOROUGH					
TIM	State Tracking #	# 029187		Local Permit #	16-9				
PER	Date	JULY 05, 201	16	Date	JULY 05				
Ĺ				Name of Agent	JAMES	F. HEGARTY			
z	I hereby certify	that the remains v	vere disposed of in a	ecordance with its	terms at tl	he place and date below:			
ATION	Place of Disposi	ition (Facility Name	and Address)		Signatu	ire			
Σ					X				
FIR									
CONFIRM	Disposition Typ	e	Date of Disposition	n		of Superintendent or Authorized Designee:			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

nd Statistics | State File #

2016 033600

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

ŀ		•		-					
	Decedent Name	MAURO , C	CALVIN J.						
	Place of Death	25 PARK STR	EET, SOUTHBOI	ROUGH, MA					
F	Date of Death	JULY 31, 2016		Da	te of Birth	JULY 19, 19 2 6	Sex	MALE	
ENT	Residence	25 PARK STR	EET, SOUTHBO	ROUGH, MASS	ACHUS ET 1	rs 01772			
ECED		U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Branch of milita	ry (most recent)		F	Rank/organiza	ntion/outfit(most recent)			
	Date entered(mo	st recent)	Da	ate Discharged (mo	ost recent)	Service Number(mo	st recent)		
~	Certifier ALLA	BOLKHOVSK	Y, MD			Lic # 50367			
RTIFIER	Addr. 761 WORCESTER ROAD, FOURTH FLOOR, FRAMINGHAM, MASSACHUSETTS 01701								
RTI		Immediate Cause of Death							
CE	PERIPHERAL VASCULAR OCCLUSIVE DISEASE								
Th	nis permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to rea	move, dispose or transp	ort remains	s listed below:	
z	Funeral License	e/Designee NAN	CYG MORRIS				Lic # 50277		
0	Facility. MOR	RIS FUNERAL	HOME, SOUTHB	OROUGH, MAS	SSACHUSE	ETTS			
DISPOSITIO	Disposition Type	BURIAL				Date of Disposition A	AUGUST 06, 2	2016	
SPO	Place/Address								
DI	11, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements								
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for: S	SOUTHBOROUGH			
ERMIT	State Tracking #	033600		Local Permit#	E-PERMIT	Γ			
PER	Date	AUGUST 03	, 2016	Date					
				Name of Agent					
Z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at the	place and date below:			
ATION		tion (Facility Name	and Address)		Signature	7 /1 /			
Σ	RUMAL (ENERLY LE B. SO	rakanasil 1	Na -					
ONFIR	SEC. L	614/112	17/201201-11/11	,,,	(J. (J. Killing - V.				
CON	Disposition Type		Date of Disposition	!	Name of 81	uperintendent or Authorized	l Designee:\	1	
Ľ	FULL EART	1 SURIAL	HU6. 6.	2016	Grise	GET A. GILLE	WEY- DE	(ENZO	

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

2016 028785 RECEIVED State File #

ייייון	0139014							
Fon	n R-309 07012014			PERMI	1	20	!Ib JUL 21	D 2.07
Inf	ormation neces	sary for the Cert	ificate of Death	n has been complete	ed for:		OUTHBORO	
	Decedent Name	JACHOWICZ	, PHYLLIS	MARIE			99111001101	Art inbo
	Place of Death	7 PRENTISS S	TREET, SOU	THBOROUGH, MA	A			
Ë	Date of Death	JUNE 26, 2016		Da	ite of Birth	JULY 11, 1929	Sex	FEMALE
ENT	Residence	7 PRENTISS S	TREET, SOU	THBOROUGH, MA	ASSACHUS	SETTS 01772		."
ECED	If U.S. veteran, s	pecify war/conflict(s) (most recent)					
٥	Branch of milita	ry (most recent)		<i>i</i>	Rank/organiz 	ation/outfit(most recen	t)	
	Date entered(mo	st recent)		Date Discharged (m	ost recent)	Service Numb	er(most recent)	
œ	Certifier ZACH	ARY SPIGELM	IAN, MD			Lic # 55820		
1	Addr. 99 LINCOLN-STREET, FRAMINGHAM, MASS ACHUS ETTS 01702							
CERTIFIE	Immediate Cause METASTATIO	of Death COLON CAN	CER					
Tł	is permit autho	rizes the followi	ng Funeral Ser	rvice Licensee or De	signee to re	move, dispose or tr	ansport remain	s as listed below:
z	Funeral Licensee Douglas L TERSONI Lic # 50904							
0 .	Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS							
SIT	Disposition Type CREMATION Date of Disposition JUNE 30, 2016							
DISPOSITIO	Place/Address							
a	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459							
En	dorsements							
L	Registry of Vita	Records and Stat	tistics	Board of Healtl	h/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	028785		Local Permit#	E-PERMI	Т	· · · · · · · · · · · · · · · · · · ·	
ER	Date	JUNE 30, 201	16	Date				
1				Name of Agent				
z	I hereby certify	that the remains w	vere disposed of i	n accordance with its	terms at the	place and date below	:	
ATION	Place of Disposit	ion (Facility Name	and Address)		Signature			
MA	791 6	Cremato	()			. ~		
ONFIRM	Newto	n MA	12459		X 42	* L		
CON	Disposition Type	1/1	Date of Disposit	tion A/1/a	1	uperintendent or Auth	orized Designee:	

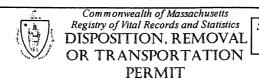
Acceptance of Permit

EDGELL GROW ASMETERS
53 (
FRAMINGLE SERVELLE)

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

 	 •



State File #

2016 028785

Information necessary for the Certificate of Death has been completed for:

Decedent Name JACHOWICZ, PHYLLIS Place of Death 7 PRENTISS STREET, SOUTHBOROUGH, MA SOUTHBOROUGHEMALE Date of Birth JULY 11, 1929 Date of Death JUNE 26, 2016 Residence 7 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier ZACHARY SPIGELMAN, MD Lic # 55820 Addr. 99 LINCOLN STREET, FRAMINGHAM, MASS ACHUSETTS 01702 Immediate Cause of Death METASTATIC COLON CANCER This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50904 Funeral Licensee/ Designee DOUGLAS L TERSONI Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JUNE 30, 2016 Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASS ACHUS ETTS 02459 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH

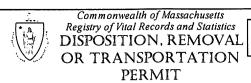
M	State Tracking #	028785	Local Permit#	E-PERMIT
PER	Date	JUNE 30, 2016	Date	
			Name of Agent	
ON	I hereby certify th	at the remains were disposed of in a	ccordance with its	terms at the place and date below:
A T10	Plage of Dispositio	n (Facility Name and Address)		Signature
FIRM	791 Wal	14th 1249		May Un Buas
CON	Disposition Type	Date of Disposition	01.1	Name of Superintendent or Authorized Designee:
	CERMA	4101 1011	au112	•

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2016 028785

Information necessary for the Certificate of Death has been completed for:

		·		· ·					
	Decedent Name	JACHOWICZ	, PHYLLIS	MARIE					
	Place of Death	7 PRENTISS S	TREET, SOUTH	IBOROUGH, MA					
F	Date of Death	JUNE 26, 2016		Da	te of Birth	JULY 11, 1929	Sex	FEMALE	
DENT	Residence			IBOROUGH, MA	SSACHU	USETTS 01772			
ECED	If U.S. veteran, specify war/conflict(s) (most recent) NO								
DE	Branch of military (most recent)			<i>F</i> -	ank/organi 	ization/outfit(most recent)			
	Date entered(most recent) Date Discharge				st recent)	Service Number(mo	ost recent)		
Н	Contigue 7ACU	ARY SPIGELM	AN MD			Lic # 55820			
I E R				MASSACHUSI	TTS 0170				
RTIFIE	Addr. 99 LINCOLN STREET, FRAMINGHAM, MASSACHUS ETTS 01702 Immediate Cause of Death								
CER	METASTATIC COLON CANCER								
	• • • •		F	I : an Do		namara dianasa ay transn	ort ramains	as listed helow	
1 11	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee of De	signee to i	remove, dispose or transp	Lic # 50904	as listed below.	
z	Funeral Licensee/ Designee DOUGLAS L TERSONI Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS								
SITION	Facility. NOR	TON FUNERAL	HOME, INC., FI	RAMINGHAM, N	MASSACI	HUSETTS			
180		CREMATION				Date of Disposition J	TUNE 30, 201	6	
SPO	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459								
DI	The state of the s								
En	dorsements								
_	Registry of Vita	l Records and Sta	istics	Board of Health/Agent for: SOUTHBOROUGH					
MIT	State Tracking #	028785		Local Permit#	16-8				
PER	Date	JUNE 30, 20	16	Date JULY 05, 2016					
-				Name of Agent	JAMES F. HEGARTY				
z	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at th	he place and date below:			
ATION	Place of Disposi	tion (Facility Name	and Address)		Signature				
FIRM					X				
CONI	Disposition Type	2	Date of Disposition	on	Name oj	f Superintendent or Authorize	d Designee:		
٥			1						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

2016 024232

TOWN CLERK'S OFFICE

OCME CASE # 2016-68 RECEIVED

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

2016 JUN 31 A 11: 112

Decedent Name PEDERS EN , BONNIE L SOUTHBOROUGH, MA Place of Death 11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA **FEMALE** Date of Birth OCTOBER 27, 1942 Date of Death MAY 31, 2016 11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence

If U.S. veteran, specify war/conflict(s) (most recent) NO

Rank/organization/outfit(most recent)

Date entered(most recent)

Branch of military (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier RICHARD J. EVANS, MD

Lic # 58622

Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSEITS 01655

Immediate Cause of Death

PENDING

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/Designee NANCYG MORRIS

Lic # 50277

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition JUNE 06, 2016

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Date of Disposition

IIIN-

Endorsements

Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT Local Permit# State Tracking # 024232 **JUNE 01, 2016** Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Signature

Place of Disposition (Radially Name and Address)
Pure Grove Street MA 01605 Porcester. MA 01605

X

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

6 2016

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





2016 024232 State File #

Information recognize fouths Contificate of Death has been completed for

ace of Death 11 STRAWBERRY HILL ROAD, SOUTHBOROUGH, MA							
EMALE							
,							
isted below:							
Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
ROLL CEREIT TO GROTE O INEEL, HORCED LENG HEROTECTUODE TO VIVO							

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

 $A\ cremation\ clearance\ from\ the\ Office\ of\ the\ Chief\ M\ edical\ Examiner\ is\ still\ necessary\ prior\ to\ cremation. \ For\ M\ .E.-certified\ death$ certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





RECEIVED
TOWN OF SOME OFFICE

	0112082 m R-309 07012014		PERMIT		TOMBLE, ED.C.				
		sary for the Certificate of I	Death has been completed	l for:	2016 JUN 13 :				
	Decedent Name	CUMMINGS, LEON	A.		SOUTHBORD	UGH, MA			
	Place of Death	20 FLAGG ROAD, SOU	THBOROUGH, MA		000				
T	Date of Death	MARCH 11, 2016	Date	e of Birth MA	ARCH 03, 1923	Sex MALE			
DEN	Residence 20 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
DECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most rec	ent)						
DE	Branch of milita	ry (most recent)	Ra—	Rank/organization/outfit(most recent)					
	Date entered(mo	ost recent)	Date Discharged (mos	st recent)	Service Number(mo	st recent)			
2	Certifier MAT	THEW BEAN, MD			Lic # 224284				
FIE	Addr. 24 NEW	Addr. 24 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772							
CERTIFIER	Immediate Cause CRYPTOGEN	e of Death IC CIRRHOSIS							
TI	nis permit autho	rizes the following Funera	al Service Licensee or Des	ignee to remo	ve, dispose or transp	ort remains as listed below:			
7	Funeral License	e/Designee NANCYG MOI	RRIS			Lic # 50277			
01.	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
LIS	Disposition Type	REMOVAL FROM STA	TE		Date of Disposition N	IARCH 17, 2016			
DISPOSITION	Place/Address FORBES DIS	TRICT CEMETERY, ELL	INGWOOD ROAD, WE	ST PARIS, M	IAINE				
Er	dorsements						_		
_	Registry of Vita	l Records and Statistics	Board of Health/	Agent for: SOI	UTHBOROUGH				
PERMIT	State Tracking #	011198	Local Permit#	E-PERMIT					
ER	Date	MARCH 11, 2016	Date						
			Name of Agent						
z	I hereby certify	that the remains were dispose	ed of in accordance with its t	erms at the plac	œ and date be low:				
ATION	Place of Disposi	tion (Facility Name and Addres	ss)	Signature		1			
RMA	FOCE	bes Districe	Cemetery		\	1			

Acceptance of Permit

Disposition Type

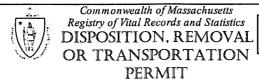
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2016

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2016 011198

Inf	Information necessary for the Certificate of Death has been completed for:							
	Decedent Name CUMMINGS	Decedent Name CUMMINGS, LEON A.						
	Place of Death 20 FLAGG R	Place of Death 20 FLAGG ROAD, SOUTHBOROUGH, MA						
F	Date of Death MARCH 11,	2016	Da	te of Birth	MARCH 03, 1923	Sex MALE		
DENT	Residence 20 FLAGG F	Residence 20 FLAGG ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772						
CED	If U.S. veteran, specify war/confli	A(s) (most recent)						
DE	Branch of military (most recent)		R 	ank/organi 	zation/outfit(most recent)			
	Date entered (most recent)	Dai 	te Discharged (mo	st recent)	Service Number(most	recent)		
~	Certifier MATTHEW BEAN, MD Lic # 224284							
RTIFIER	Addr. 24 NEWTON STREET	, SOUTHBOROUGI	H, MASSACHU	SETTS 0	1772			
CERT	Immediate Cause of Death CRYPTOGENIC CIRRHOS	IS .						
Tì	nis permit authorizes the follo	ving Funeral Service	Licensee or De	signee to r	emove, dispose or transpor	rt remains as listed below:		
z	Funeral Licensee/Designee NA	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277						
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
SPOSITIO	Disposition Type REMOVAL 1	ROM STATE	Date of Disposition MARCH 17, 2016			ARCH 17, 2016		
DISPO	Place/Address FORBES DISTRICT CEMETERY, ELLINGWOOD ROAD, WEST PARIS, MAINE							
En	idorsements							
<u></u>	Registry of Vital Records and S	atistics	Board of Health	/Agent for:	SOUTHBOROUGH			
PERMIT	State Tracking # 011198		Local Permit#	16-4				
PER	Date MARCH 1	1, 2016	Date	MARCH	14, 2016			
L			Name of Agent	JAMES 1	F. HEGARTY			

Acceptance of Permit

Disposition Type

Place of Disposition (Facility Name and Address)

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

Name of Superintendent or Authorized Designee:

X

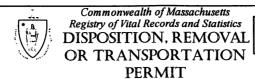
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2016 017915

TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 MAY -41 A 9: 24

		•		-			2010 11111	
		FALLON , I			CTT NA		SOUTHBO	ROUGH, MA
	Place of Death	60 BREAKNEC	K HILL ROAD,	SOUTHBORO	JGH, MA			
Ţ	Date of Death	APRIL 18, 201	6	Da	te of Birth	JANUARY 17, 1937	Sex	FEMALE
ENT	Residence	60 BREAKNEC	K HILL ROAD,	SOUTHBORO	UGH, MAS	SSACHUSETTS 01772	2	
DECED	If U.S. veteran, s NO Branch of militar	pecify war/conflict(ry (most recent)	s) (most recent)	<i>F</i>	?ank/organi 	zation/outfit(most recent)		
	Date entered(mo	st recent)	Do	ate Discharged (mo	ost recent)	Service Number(i	most recent)	
Н	Cortifier ARDE	SHIR HASHMI	MD	•		Lic # 251041		
FIER	,		EET, 401, BOSTO	N, MASSACHU	SETTS 02			
CERTIFIER	Immediate Cause CARDIOPULN	of Death MONARY ARRI	EST					
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to r	emove, dispose or trans	sport remains	as listed below:
10 N		e/Designee NANC	CYG MORRIS HOME, SOUTHB	OROUGH, MAS	SSACHUS	SETTS	Lic # 50277	
SITIO	_		, , , , , , , , , , , , , , , , , , , ,				APRII, 22, 20	16
DISPOS	Disposition Type BURIAL Place/Address ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUSEITS 01760							
En	dorsements	,	., , , , , , , , , , , , , , , , , , ,					
	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH		
ERMIT	State Tracking #	017915		Local Permit#	E-PERM	IT		
ER	Date	APRIL 21, 20)16	Date				
Ь		,		Name of Agent				
N	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:		
FIRMATION	Place of Disposition 150 Po	tion (Facility Name CK (CTC CA S	and Address) Natic	-	Signatur X	е		
CON	Disposition Type		Date of Disposition	2016	Name of	Superintendent or Authoriz	red Designee!	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File # 2

2016 017915

10000119862

Form R-309 07012014

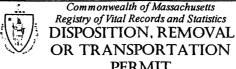
Inf	Information necessary for the Certificate of Death has been completed for:								
	Decedent Name	FALLON, I	BEVERLY ANN	I					
	Place of Death	60 BREAKNEC	K HILL ROAD,	SOUTHBORO	UGH, MA				
Т	Date of Death	APRIL 18, 201	6	Da	te of Birth	JANUARY 17, 1937	Sex	FEMALE	
DENT	Residence	60 BREAKNEC	CK HILL ROAD,	SOUTHBORO	UGH, MAS	SSACHUSETTS 01772			
ECE	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)						
D	Branch of military (most recent)			I	Rank/organi	zation/outfit(most recent)			
	Date entered(mo:	st recent)	Da	ate Discharged (m	 ost recent)	Service Number(most i	recent)		
ER	Certifier ARDE	SHIR HASHMI	, MD			Lic # 251041			
1 =	Addr. 165 CAMBRIDGE STREET, 401, BOSTON, MASSACHUSETTS 02114								
CERTI	Immediate Cause CARDIOPULM	of Death IONARY ARR	EST						
Th	is permit autho	rizes the followi	ng Funeral Service	e Licensee or De	signee to r	emove, dispose or transport	t remains	as listed below:	
z	Funeral Licensee	Designee NAN	CY G MORRIS			Lic	# 50277		
101.	Facility. MORI	RIS FUNERAL I	HOME, SOUTHB	OROUGH, MA	SSACHUS	SETTS			
SIT	Disposition Type BURIAL Date of Disposition APRIL 22, 2016								
DISPOSITIO	Place/Address ST. PATICK CEMETERY, 180 POND STREET, NATICK, MASSACHUS ETTS 01760								
En	dorsements								
r	Registry of Vital	Records and Stat	istics	Board of Healtl	ı/Agent for:	SOUTHBOROUGH			
MIT	State Tracking #	017915		Local Perm it#	16-6				
PER	Date	APRIL 21, 20)16	Date	APRIL 2	2, 2016			
				Name of Agent	JAMES	F. HEGARTY			
Z	I hereby certify	that the remains v	vere di sposed of in a c	cordance with its	terms at th	e place and date below:			
FIRMATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	e			
MA									
FIF					X				
CON	Disposition Type		Date of Disposition	- - -	Name of	Superintendent or Authorized D	esignee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File #

2016 013917

TOWN CLERK'S DEFICE

Fon	m R-309 07012014			PERIVII		OEC:()(0 0	TICE	
Inf	formation necessary for the Certificate of D		tificate of Dear	th has been complete	ed for:	2016 1	MAY -4	Α	약 2 4
	Decedent Name	SARKIS, I	HOVHANES	A		SOUT	THBOROL	ICH	MA
	Place of Death	175 PARKERV	TLLE ROAD	, SOUTHBOROUG	H, MA			Juli	FIA
-	Date of Death	MARCH 23, 2	016	De	ate of Birth	MARCH 10, 1930	Sex	N	MALE
EN	Residence	175 PARKERV	TLLE ROAD	, SOUTHBOROUG	H, MASS	ACHUSETTS 01772			
ECED	If U.S. veteran, s	pecify war/conflict	(s) (most recent)						
ā	Branch of military (most recent)			Rank/organi 	ization/outfit(most recent)				
	Date entered(mo	ost recent)		Date Discharged (m	ost recent)	Service Number(m	ost recent)		
R	Certifier FRAN	K CHAU, MD				Lic # 203693			
RTIFIE	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772								
CERT	Immediate Cause CARDIAC AR								
Th	is permit autho	rizes the follow	ing Funeral Se	ervice Licensee or De	esignee to r	emove, dispose or trans	port remain	s as	listed below:
z	Funeral Licenses	e/Designee ADRI	ANNE FAGG	AS		· · · · · · · · · · · · · · · · · ·	Lic # 7457		
101	Facility. FAGGAS FUNERAL HOME, INC., WATERTOWN, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition MARCH 30, 2016								
DISPOSITIO	Place/Address								
DI	MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138								
En	dorsements								
L	Registry of Vita	l Records and Sta	tistics	Board of Healt	h/Agent for:	SOUTHBOROUGH			· · · · · · · · · · · · · · · · · · ·
RMIT	State Tracking #	013917		Local Permit#	E-PERM	TT			
PER	Date	MARCH 29,	2016	Date					
			•	Name of Agent					
Z	-		-	in accordance with its	sterms at th	e place and date below:			
ATIO	Place of Disposit	ion (Facility Name	•		Signatur	e			
FIRMA	8	Mount Aubu R Crematory C		la .	X	TK FULL			
Z	Disposition Type		Date of Pippos	sition 2016	Name of	Superintendent or Authorize	d.Дesignee:		
၁	Crema	tion	AFT	- 1 2010	1	Thereso Fa	llan		
	····					+			

Acceptance of Permit

Popick of 4-6-16

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusatts

State File #

2016 013917

44.4	Commonweatth of massachusetts
(* <u>a</u>	Registry of Vital Records and Statistics
	Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION
W	OR TRANSPORTATION
	PERMIT

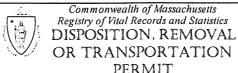
For	n R-309 07012014			PERMI	T				
Inf	ormation necess	sary for the Cert	tificate of Dea	th has been complete	ed for:				
	Decedent Name	SARKIS , H	IOVHANES	A					
	Place of Death	175 PARKERV	ILLE ROAD	, SOUTHBOROUG	H, MA	•			
L	Date of Death	MARCH 23, 20	016	De	ate of Birth	MARCH 10, 1930	Sex	MALE	
DECEDENT	Residence	175 PARKERV	TLLE ROAD	, SOUTHBOROUG	H, MASS	ACHUSETTS 01772			
CEI		pecify war/conflict((s) (most recent)						
DE	NO Branch of militar 	y (most recent)			Rank/organization/outfit(most recent)				
	Date entered(mos	st recent)		Date Discharged (m	Date Discharged (most recent) Service Number				
~	Certifier FRAN	K CHAU, MD				Lic # 203693			
FIE	Addr. 24 NEW	ΓON STREET,	SOUTHBOR	O, MASSACHUSET	TTS 01772				
Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772 Immediate Cause of Death CARDIAC ARREST									
Tł	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
					signee to i	remove, dispose or transpo	ort remains a	is fisted below:	
-	Funeral Licensee Facility. FAGG Disposition Type Place/Address	e/Designee ADRL AS FUNERAL CREMATION	ANNE FAGG HOME, INC.,	AS , WATERTOWN, M	IASSACH	USETTS Date of Disposition M	Lic # 7457 1ARCH 30, 20	016	
DISPOSITION	Funeral Licensee Facility. FAGG Disposition Type Place/Address	e/Designee ADRL AS FUNERAL CREMATION	ANNE FAGG HOME, INC.,	AS , WATERTOWN, M	IASSACH	USETTS Date of Disposition M	Lic # 7457 1ARCH 30, 20	016	
NOILISOASIQ En	Funeral Licensee Facility. FAGG Disposition Type Place/Address MOUNT AUBU dorsements	e/Designee ADRL AS FUNERAL CREMATION	ANNE FAGG HOME, INC., RY, 580 MOU	AS , WATERTOWN, M UNT AUBURN STR	IASSACH	USETTS Date of Disposition M	Lic # 7457 1ARCH 30, 20	016	
NOILISOASIQ En	Funeral Licensee Facility. FAGG Disposition Type Place/Address MOUNT AUBU dorsements	e/Designee ADRL AS FUNERAL CREMATION URN CEMETER	ANNE FAGG HOME, INC., RY, 580 MOU	AS , WATERTOWN, M UNT AUBURN STR	IASSACH	USETTS Date of Disposition M IBRIDGE, MASSACHUS	Lic # 7457 1ARCH 30, 20	016	
NOILISOASIQ En	Funeral Licensee Facility FAGG. Disposition Type Place/Address MOUNT AUBU dorsements Registry of Vital	Designee ADRL AS FUNERAL CREMATION URN CEMETER Records and Stat	ANNE FAGG HOME, INC., RY, 580 MOU	AS , WATERTOWN, M UNT AUBURN STR Board of Healt	IASSACH EET, CAM h/Agent for 16-5	USETTS Date of Disposition M IBRIDGE, MASSACHUS	Lic # 7457 1ARCH 30, 20	016	
DISPOSITION	Funeral Licensee Facility. FAGG. Disposition Type Place/Address MOUNT AUBU dorsements Registry of Vital State Tracking #	Designee ADRL AS FUNERAL CREMATION URN CEMETER Records and State 013917	ANNE FAGG HOME, INC., RY, 580 MOU	AS , WATERTOWN, M UNT AUBURN STR Board of Healt Local Permit #	LASSACH EET, CAM h/Agent for: 16-5 MARCH	USETTS Date of Disposition M IBRIDGE, MASSACHUS : SOUTHBOROUGH	Lic # 7457 1ARCH 30, 20	016	
PERMIT T DISPOSITION	Funeral Licensee Facility FAGG. Disposition Type Place/Address MOUNT AUBU dorsements Registry of Vital State Tracking # Date	O Designee ADRL AS FUNERAL CREMATION URN CEMETER Records and State 013917 MARCH 29,	ANNE FAGG HOME, INC., RY, 580 MOU tistics	AS , WATERTOWN, M. UNT AUBURN STR Board of Healt Local Permit # Date Name of Agent	EET, CAM h/Agent for 16-5 MARCH JAMES	USETTS Date of Disposition M IBRIDGE, MASSACHUS SOUTHBOROUGH	Lic # 7457 1ARCH 30, 20	016	
PERMIT T DISPOSITION	Funeral Licensee Facility FAGG. Disposition Type Place/Address MOUNT AUBI dorsements Registry of Vital State Tracking # Date I hereby certify	O Designee ADRL AS FUNERAL CREMATION URN CEMETER Records and State 013917 MARCH 29,	ANNE FAGG HOME, INC., RY, 580 MOU tistics 2016	AS , WATERTOWN, M. UNT AUBURN STR Board of Healt Local Permit # Date Name of Agent	IASSACH EET, CAM h/Agent for: 16-5 MARCH JAMES sterms atth	USETTS Date of Disposition M IBRIDGE, MASSACHUS SOUTHBOROUGH 29, 2016 F. HEGARTY The place and date below:	Lic # 7457 1ARCH 30, 20	016	
NOILISOASIQ En	Funeral Licensee Facility FAGG. Disposition Type Place/Address MOUNT AUBI dorsements Registry of Vital State Tracking # Date I hereby certify	Designee ADRL AS FUNERAL CREMATION URN CEMETER Records and State 013917 MARCH 29, that the remains water (Facility Name)	ANNE FAGG HOME, INC., RY, 580 MOU tistics 2016	Board of Healt Local Permit # Date Name of Agent fin accordance with its	EET, CAM h/Agent for 16-5 MARCH JAMES	USETTS Date of Disposition M IBRIDGE, MASSACHUS SOUTHBOROUGH 29, 2016 F. HEGARTY The place and date below:	Lic # 7457 1ARCH 30, 20	016	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2015 058290

PERMIT

Information necessary for the Certificate of Death has been completed for:

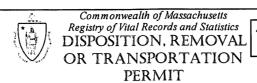
	Decedent Name	LANDES , A	ARLENE T	,,				
	Place of Death	12 WYNDEME	RE DRIVE, SO	UTHBOROUGH,	MA			
۲	Date of Death	DECEMBER 3	1, 2015	Da	te of Birth	JUNE 04, 1930	Sex	FEMALE
EN	Residence	12 WYNDEME	RE DRIVE, SO	U THBOROUGH ,	MASSAC	CHUSETTS 01772		
ECEDENT		pecify war/conflict((s) (most recent)					
DE	NO Branch of militai	v (most recent)		R	ank/organ	ization/outfit(most recent)		
	Date entered(mo	st recent)	E	ate Discharged (mo	st recent)	Service Number(mo	st recent)	
~	Certifier JOSE	PH W FRANSES	S, MD			Lic # 1861830416		
RTIFIE	Addr. 55 FRUI	Γ STREET, YAV	WKEY 108, BOS	TON, MASSACI	HUSETTS	8 02114		
1 T I		Immediate Cause of Death						
CE	METASTATIO	C RENAL CELL	L CARCINOMA					
Th	is permit autho	rizes the followi	ng Funeral Service	ce Licensee or De	signee to 1	remove, dispose or transpo	ort remains	as listed below:
							Lic # 5375	
Z	i i i i i i i i i i i i i i i i i i i	e/Designee JOHN	in the second of the second	C MADI BODO	UCH M	4	• . • .	
IT.	_		ERAL HOME IN	C., MAKLBUKU	ough, M	ASSACHUSETTS	ANITIADW 00	2016
0.8	Disposition Type BURIAL Place/Address Date of Disposition JANUARY 09, 2016							
DISPOSITION	CALVARY CEMETERY, 3469 LINCOLN WAY E, MASSILLON, OHIO 44646							
En	dorsements							
±.	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for	: SOUTHBOROUGH		
PERMIT	State Tracking #	058290		Local Permit#	16-1			
PEF	Date	JANUARY 0	2, 2016	Date	JANUAI	RY 04, 2016		
				Name of Agent	JAMES	F. HEGARTY	- 10	
Z			•	ccordance with its	terms at th	ne place and date below:		
A T 10	Place of Disposit	tion (Facility Name	and Address)		Signatur	re	*	
K M A								
FIRM					X			
CON	Disposition Type	•	Date of Disposition	n	Name of	Superintendent or Authorized	Designee:	

Acceptance of Permit

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2016 003537 State File #

lnfo	ormation necess	ary for the Cert	ificate of Death h	as been complete	a ior:			
	Decedent Name	DALZELL ,	ELAINE					
	Place of Death	97 TURNPIKE	ROAD, SOUTH	BOROUGH, MA				
ہ	Date of Death	JANUARY 22,	2016	Da	te of Birth	JUNE 13, 1956	Sex	FEMALE
EN	Residence	97 TURNPIKE	ROAD, SOUTH	BOROUGH, MA	SSACHU	SETTS 01772		·
ECEDENT		pecify war/conflict(s) (most recent)					
DE	NO Branch of militar	y (most recent)		R	ank/organi	zation/outfit(most recent)		
			_		-	a land	4	
	Date entered(most recent)			ate Discharged (mo 	si recent)	Service Num ber(m 	osi receni)	
~	Certifier CHRIS	TINA W GELE	V, MD			Lic # 72739		
FIFE		•	E 400, WALTHAN	M, MASSACHU	SETTS 02	2154		· · · · · · · · · · · · · · · · · · ·
CERTIFIE	Immediate Cause METAS TATIO	of Death BREAST CAN	CER					
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to r	emove, dispose or trans		as listed below:
z	Funeral Licensee	Designee CHRI	STOPHER P GO	ULET, SR			Lic # 50719	
	Facility. HAMI	L, WICKENS &	& TROUPE FUN	ERAL HOME, Q	UINCY, N	MASSACHUSETTS		
118	Disposition Type CREMATION					Date of Disposition	JANUARY 27	, 2016
DISPOSITIO	Place/Address PILIE HILL COEMATORY 700 DEAD WEST STREET REAINTREE MASS ACHLISETTS 02184							
۵		BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASS ACHUS ETTS 02184						
En	dorsements							
	Registry of Vita	Records and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	003537		Local Permit#	16-2			
PER	Date	JANUARY 2	6, 2016	Date	JANUAR	RY 26, 2016		
				Name of Agent	JAMES :	F. HEGARTY		
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:		
CONFIRMATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	e		
M M								
FIR					X			
CON	Disposition Type		Date of Disposition	n	Name of	Superintendent or Authorize	d Designee:	
			i e		1			

Acceptance of Permit

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State File#

2016 003537

RECEIVED
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 FEB -2 P 2: 10

	Decedent Name	DALZELL , ELAINE				SOUTHB	OROUGH, MA
	Place of Death	97 TURNPIKE ROAD, SOUTHI	BOROUGH, MA				
Ŧ	Date of Death	JANUARY 22, 2016	Dat	e of Birth JUN	NE 13, 1956	Sex	FEMALE
DEN	Residence	97 TURNPIKE ROAD, SOUTHI	BOROUGH, MAS	SSACHUSET	ΓS 01772		
ECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most recent)					
DE	Branch of militar	ry (most recent)	R:	ank/organizatior -			
	Date entered (mo	st recent) Do	ate Discharged (mo: -	st recent)	Service Number(mo	ost recent)	
æ	Certifier CHRIS	STINA W GELEV, MD			Lic # 72739		
FIE	Addr. 40 2ND	AVENUE, SUITE 400, WALTHAM	1, MASSACHUS	SETTS 02154			
CERTIFIE	Immediate Cause METASTATIO	e of Death C BREAST CANCER					
Th	is permit autho	rizes the following Funeral Servic	æ Licensee or Des	ignee to remo			as listed below:
z	Funeral License	e/Designee CHRISTOPHER P GO	ULET, SR			Lic # 50719	
rio	Facility. HAMI	EL, WICKENS & TROUPE FUNE	ERAL HOME, Q	UINCY, MAS	SACHUSETTS		
OSI		CREMATION			Date of Disposition J	JANUARY 27	, 2016
DISPOSITIO	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASS ACHUS ETTS 02184						
En	dorsements						
Г	Registry of Vita	l Records and Statistics	Board of Health	Agent for: SOU	THBOROUGH		
PERMIT	State Tracking #	003537	Local Permit #	E-PERMIT			
PER	Date	JANUARY 26, 2016	Date				
		**	Name of Agent				
N		that the remains were disposed of in a	ccordance with its	terms at the plac	e and date below:		
ATION		tion (Facility Name and Address)		Signature	_		7
Σ	Blue Hill	Cemetery and Cremator	ry 12184	_ /	De Dill	K []	-
CONFIR		st Street, Braintree, MA 0		X	Lucia in	Trace	جيليط
CO	Disposition Type	MATION Date of Disposition	2016	1	rintendent or Authorize		al a
	~ · · · · ·	01.21	2010	∟ Gera	ld M. Ridge.	<u>Jr., Presi</u>	aent

Acceptance of Permit

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0000111243

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL

OR TRANSPORTATION OCME CASE # 2016-3086

State File #

2016 010734

PERMIT

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

				_					
П	Decedent Name CAMPBELL, JANET H.								
	Place of Death	251 CORDAVI	LLE ROAD,	SOUTHBOROUGH,	, MA				
۲	Date of Death	MARCH 08, 20			te of Birth	JUNE 26, 1935	Sex	FEMALE	
E	Residence			SOUTHBOROUGH,	MASSA	CHUSETTS 01772			
DECED	NO Branch of militar		s) (most recent)	R 		ization/outfit(most recent)	ast vacant		
ł	Date entered(mo	st recent)		Date Discharged (mo	ısı recent)	Service Number(m 	osi recenti)		
ᄀ	Certifier RICHA	ARD J. EVANS,	MD	1		Lic # 58622			
RTIFIER				R, MASSACHUSETT	'S 01655				
CERTI	Immediate Cause of Death ATHEROS CLEROTIC CARDIOVAS CULAR DISEASE								
Th	is permit autho	rizes the followi	ng Funeral S	ervice Licensee or De	signee to r	remove, dispose or trans	port remains	as listed below:	
_	Funeral License	e/Designee NAN	CYG MORRI	S			Lic # 50277		
01.	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition MARCH 10, 2016						2016		
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
Ω	2011 Omination, 100 Ono 12 Onimation, 11 Ono 21 Onimation and 11 Onimation								
En	dorsements								
_	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	: SOUTHBOROUGH			
PERMIT	State Tracking #	010734		Local Permit#	16-3				
PER	Date	MARCH 09,	2016	Date	MARCH	I 11, 2016			
				Name of Agent	JAMES	F. HEGARTY			
z	I he reby certify	that the remains	vere disposed o	of in accordance with its	terms at th	ne place and date below:			
T10	Place of Disposi	tion (Facility Name	and Address)		Signatur	re			
MA									
ONFIRMATION					X				
N O	Disposition Type	Disposition Type Date of Disposition			Name of Superintendent or Authorized Designee:				

Acceptance of Permit

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		nmonwealth of Massa	chusetts						
		ry of Vital Records an		State File #	2016 01	0734			
		OSITION, RE	MOVAL		CEIV				
	OR 5	FRANSPORT	ATION	OCME CASE # 2016-3	086				
	P 200 000 FORMUL CLEDIC'S OFFICE	PERMIT			PR 07 20	146			
Form	R-309 0701 TON MICHERICS OFFICE	LEIMILI		Ar	K U I Z	שוע			
Info	ormation necessary for the Certificate of Death ha	s been completed fo	or:	Southbor	rough Board	of Health			
	Decedent Name CAMPBELL JANET 14								
	Place of Deas OUT CORDAVILLE ROAD, SOI	JTHBOROUGH, M	A						
_	Date of Death MARCH 08, 2016			NE 26, 1935	Sex	FEMALE			
DECEDENT	·	•	•	•					
ED	Residence 251 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent)								
EC	NO								
Ω	Branch of military (most recent)	Ran	k/organization	o/outfit(most recent)					
				0 . 7 (
	Date entered(most recent) Do	ate Discharged (most r -	ecent)	Service Number(most	i receni)				
	Certifier RICHARD J. EVANS, MD			Lic # 58622					
IE	Addr. 55 LAKE AVENUE N, WORCESTER, MA	ASSACHUSETTS (1655						
TIF	Immediate Cause of Death	DOMESTIC CONTRACTOR							
CERTIFIER	ATHEROSCLEROTIC CARDIOVASCULAR I	DISEASE							
	is permit authorizes the following Funeral Servic	e Licensee or Desig	nee to re mo	ve, dispose or transpo	rt remains:	as listed below:			
		-			ic # 50277				
Z	runeral Licensee Designee NANC I G MORRES								
DISPOSITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
180	Disposition Type CREMATION			Date of Disposition M.	ARCH 10, 2	016			
SP (Place/Address	CONCECTED MA	ee Actitiei	PTTC 01605					
DI	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
En	dorsements Registry of Vital Records and Statistics	Board of Health/As	ent for: SO	JTHBOROUGH					
	Registry of Vital Records and Statistics	Board of Health/Aş		JTHBOROUGH					
	Registry of Vital Records and Statistics State Tracking # 010734	Local Permit# E	gent for: SOU -PERMIT	JTHBOROUGH					
PERMIT E	Registry of Vital Records and Statistics	Local Permit # E		THBOROUGH					
	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016	Local Permit # E. Date - Name of Agent	PERMIT - -						
PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E. Date - Name of Agent	PERMIT - -						
ION PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E Date — Name of Agent — ccordance with its ten	PERMIT - -	œ and date below:					
ION PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E Date — Name of Agent — ccordance with its ten	PERMIT ms at the place	œ and date below:	Cah	e			
ION PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E Date — Name of Agent — ccordance with its ten	PERMIT ms at the place		Coh	ee			
ION PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E. Date Name of Agent ccordance with its ter	PERMIT ms at the place Signature	ex and date below:		ee			
ION PERMIT	Registry of Vital Records and Statistics State Tracking # 010734 Date MARCH 09, 2016 I hereby certify that the remains were disposed of in a	Local Permit # E Date Name of Agent ccordance with its ter	PERMIT ms at the place Signature	œ and date below:		e			

Acceptance of Permit

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Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File #

2016 010734 RECEIVED

OCME CASE # 2016-3986

2016 MAR 22 A

Information necessary for the Certificate of Death has been completed for:

SOUTHBOROUGH. MA

Decedent Name CAMPBELL, JANET H. Place of Death 251 CORDAVILLE ROAD, SOUTHBOROUGH, MA Date of Death MARCH 08, 2016 Date of Birth JUNE 26, 1935 **FEMALE** Ser Residence 251 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier RICHARD J. EVANS, MD

Lic # 58622

Addr. 55 LAKE AVENUE N, WORCES TER, MASSACHUSETTS 01655

Immediate Cause of Death

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCYG MORRIS DISPOSITION

Lic # 50277

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition MARCH 10, 2016

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

CONFIRMATIO

_	_	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
١	М	State Tracking #	010734	Local Permit#	E-PERMIT			
	PER	Date	MARCH 09, 2016	Date				
				Name of Agent				
ſ		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						

Signature

Place of Disposition (Facility Name and Address)

Rural Cemetery

11 Cordaville Rd., Southborough, MA

Sec. 3, Grv#4B, Lot 48A

Disposition Type Buria1 cremated remains Date of Disposition March 18, 2016

Name of Superintendent or Authorized Designee: Gilleney-DeCenzo Bridget A.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top





Commonwealth of Massachusetts Registry of Vital Records and Statistics CERTIFICATE OF DEATH

State File # 2016 034930

Registered # 153

_			
ŀ	Place of Death 19 BROOKWAY DRIVE, SHREWSBURY, MA		
l	Date of Death AUGUST 10, 2016	Age 78 YRS	Sex MALE
	Current Name MAGUIRE , JOSEPH ANDREW		
	Surname at Birth or Adoption MAGUIRE	SSI	V 031-26-6067
	AKA		
L	Date of Birth AUGUST 08, 1938 Birthplace MARLBOR	OUGH, MASSACHUSETTS	
DECEDENT	Residence 19 BROOKWAY DRIVE, SHREWSBURY, MASSAC	HUSETTS 01545	
CE	Race	Education	mr 0.161
DE	WHITE Marital Status Occupation/Industry	9TH - 12TH GRADE, NO D	IPLOMA
	DIVORCED OFFICE MANAGER/TRUCKING		
	Last Spouse – Last, First, Middle (Surname at Birth or Adoption)	(Most Recent)	
	MAGUIRE, NANCY (CHAS E) Mother/Parent Name – Last, First Middle (Surname at Birth or Adoption)	VIETNAM Birthplace	
	MAGUIRE, CATHERINE (CHASE)	3	
	Father/Parent Name - Last, First Middle (Surname at Birth or Adoption)		
L	MAGUIRE, BENEDICT T (MAGUIRE)	MASSACHUSETTS	
	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes a. Immediate Cause (Final condition resulting in death)	s then underlying cause	Interval between onset and death
	PNEUMONITIS		2 MOS.
	b. Due to or as a consequence of:		
ER	FAILURE TO THRIVE		2 YRS.
1. F.	c. Due to or as a consequence of: ESOPHAGEAL ADENOCARCINOMA		2 YRS.
MEDICAL CERTIFIER	d. Due to or as a consequence of:		
O J			
C.A.	Part II. Other significant conditions contributing to death but not resulting in under-		tn:
100		NATURAL	
M		Time of Death:	
ĺ		Result of Injury	: NO
	Certifier JOSEPH DAIGNEAULT, MD	Li	c # 74792
	Addr. 24 JULIO DRIVE, SHREWSBURY, MASSACHUSETTS 0154	5	
	Funeral Licensee/ Designee NANCY G MORRIS	Li	c # 50277
Z	Facility/Addr. MORRIS FUNERAL HOME, SOUTHBOROUGH, MA	SSACHUSETTS	
E	Immediate Disposition BURIAL		
DISPOSITION	Date of Immediate Disposition AUGUST 15, 2016		<i>(</i>)
ISF	Place/Address	Sandra E	Toight
٩	RURAL CEMETERY, 11 CORDAVILLE ROAD,	in the contract of	
F	SOUTHBOROUGH, MASSACHUSETTS 01772		
	ate of Record AUGUST 12, 2016		
D	ate of Amendment	CLERK, TOWN OF S	S HREWS BURY

DATE ISSUED:

AUGUST 12, 2016

I, the undersigned, hereby certify that I am the Clerk of the Town of Shrewsbury; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records, as held in the Commonwealth's central vital records information repository.

Sandra & Wright

Clerk Town of Shrewsbury





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File # 2016 040916

OCME CASE # 2016-11558

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

		-								
	Decedent Name	CHALIFOUX	, LAURA VI	RGINÌA						
	Place of Death	1 HIGHRIDGE ROAD, SOUTHBOROUGH, MA								
۱ ـ	Date of Death	SEPTEMBER	16, 2016	Da	te of Birth	MAY 01, 1940	Sex	FEMALE		
DECEDENT	Residence	, , , , , , , , , , , , , , , , , , , ,								
CEI	· · · · · · · · · · · · · · · · · · ·	veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)			R	Rank/organization/outfit(most recent)					
	Date entered(mo	st recent)	De	ate Discharged (mo -	st recent)	Service Numb	er(most recent)			
_	Certifier FARY	L SANDLER, M	ID			Lic # 158798				
FIER	Addr. 720 ALB	ANY STREET,	BOSTON, MASS	ACHUSETTS 02	2118					
RTIFI	Immediate Cause		TOTAL COLUMN	NOPLOE						
CE	ATHEROSCL	EROTIC CARD	IOVAS CULAR I	DIS EAS E						
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to	remove, dispose or tr		as listed below:		
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277									
9	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS									
S	Disposition Type	BURIAL				Date of Disposit	ion SEPTEMBER	27, 2016		
DISPOSITIO	Place/Address	PEMETEDV DI	DEWSVILLE DO	AD WALPOLE	NEW H	AMPS HIRE 03608				
۵	STIETERS	EVIETERI, DI	KEWS VILLE RO	AD, WALI OLL,	INDW II	AM STINE 05000				
En	dorsements									
,	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for	: SOUTHBOROUGH				
PERMIT	State Tracking #	040916		Local Perm it #	16-15					
PER	Date	SEPTEMBEI	R 21, 2016	Date	SEPTEMBER 22, 2016					
				Name of Agent	JAMES F. HEGARTY					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
T10	Place of Disposi	tion (Facility Name	and Address)		Signatu	re				
M A								•		
CONFIRMATION					X					
00	Disposition Type	!	Date of Disposition	1	Name of	Superintendent or Auth	orized Designee:			

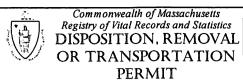
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2016 051552

Information necessary for the Certificate of Death has been completed for:

1111	ormation necessary for the Certificate of Death	n nas been completed	101.					
	Decedent Name BENJAMIN , HAROLD							
	Place of Death 69 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA							
-	Date of Death NOVEMBER 27, 2016	Date	e of Birth	MARCH 28, 1940 Sex MALE				
ENT	Residence 69 CARRIAGE HILL CIRCL	E, SOUTHBOROU	GH, MAS	SSACHUSETTS 01772				
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO							
D	Branch of military (most recent)	Ra	Rank/organization/outfit(most recent)					
	Date entered(most recent)	Date Discharged (mos	t recent)	Service Number(most recent)				
R	Certifier HAROLD SOLOMON, MD			Lic # 31851				
3141	Addr. 25 BOYLSTON STREET, CHESTNUT	THILL, MASSACHI	USETTS	02467				
CERTIFIE	Immediate Cause of Death RES PIRATORY FAILURE							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
z	Funeral Licensee/ Designee RICHARD S MANS	FIELD		Lic # EM 5788-3				
	Facility. MILES FUNERAL HOME, HOLDEN, MASSACHUSETTS							
SITIO	Disposition Type BURIAL Date of Disposition NOVEMBER 29, 2016							
DISPO	Place/Address B'NAI B'RITH CEMETERY, 55 ST. JOHNS ROAD, WORCESTER, MASSACHUSETTS 01603							
En	dorsements							
_	Registry of Vital Records and Statistics			: SOUTHBOROUGH				
ERMIT	State Tracking # 051552	2000	16-18					
PEF	Date NOVEMBER 28, 2016			IBER 30, 2016				
		Name of Agent	JAMES 1	F. HEGARTY				
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
A T 10	Place of Disposition (Facility Name and Address)		Signatur	re				
M								
FIRM			X					
CON	Disposition Type Date of Disposition		Name of	fSuperintendent or Authorized Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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2016 042801 State File #

RECEIVED

Form R-309 07012014			PERMI	Γ	TOWER OF STATES OFFICE			
Info	ormation necess	ary for the Cert	ificate of Death h	as been complete	d for:	2016 OCT -4 P 1: 28:		
	Decedent Name	MAYTHAM ,	MARCIA A	NN				
	Place of Death	125 CARRIAGI	E HILL CIRCLE	E, SOUTHBORO	UGH, MA	SOUTHBOROUGH, MA		
<u>ـ</u>	Date of Death	OCTOBER 01,	2016	Da	te of Birth M	IARCH 24, 1938 Sex FEMALE		
ENT	Residence 125 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASS ACHUS ETTS 01772							
ECED		pecify war/conflict(s) (most recent)					
DE	NO Branch of militar	y (most recent)		R	Rank/organization/outfit(most recent)			
	Date entered(mo.	st recent)	<i>L</i> -	Date Discharged (mo	ost recent)	Service Number(most recent)		
ER	Certifier CHAR	LES A MORRIS	S, MD			Lic # 215790		
FIE	Addr. 75 FRAN	CIS STREET, I	BOSTON, MASS	ACHUSETTS 02	115			
CERTIFI	Immediate Cause PARKINSON'							
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to rem	ove, dispose or transport remains as listed below:		
_	Funeral Licensee	e/Designee NANC	CY G MORRIS			Lic # 50277		
N 0	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
SIT	Disposition Type CREMATION					Date of Disposition OCTOBER 05, 2016		
DISPOSITIO	Place/Address	ETTEDV 100 CD		O Disposition Type CREMATION Place/Address				
۵	ROIGHE CEAN		OVESTREE	WORCESTER. N	AASSACHUS	SETTS 01605		
E-		ELEKY, 180 GR	OVE STREET,	WORCESTER, N	MASSACHU	SETTS 01605		
CI	dorsements	ETERY, 180 GR	OVE STREET,	WORCESTER, N	MASS ACHUS	SETTS 01605		
		I Records and Sta				SETTS 01605 DUTHBOROUGH		
TIM		l Records and Sta						
TIM	Registry of Vita	l Records and Sta	tistics	Board of Health	n/Agent for: So	DUTHBOROUGH		
ī	Registry of Vita State Tracking #	l Records and Sta	tistics	Board of Health Local Permit #	n/Agent for: S0	OUTHBOROUGH 2 04, 2016		
N PERMIT	Registry of Vita State Tracking # Date	I Records and Sta 042801 OCTOBER (tistics)4, 2016	Board of Health Local Permit # Date Name of Agent	n/Agent for: So 16-16 OCTOBER JAMES F.	OUTHBOROUGH 2 04, 2016		
N PERMIT	Registry of Vita State Tracking # Date I hereby certify	I Records and Sta 042801 OCTOBER (distics 04, 2016 vere disposed of in	Board of Health Local Permit # Date Name of Agent	n/Agent for: So 16-16 OCTOBER JAMES F.	DUTHBOROUGH 2 04, 2016 HEGARTY		
PERMIT	Registry of Vita State Tracking # Date I hereby certify	I Records and Sta 042801 OCTOBER (distics 04, 2016 vere disposed of in	Board of Health Local Permit # Date Name of Agent	n/Agent for: So 16-16 OCTOBER JAMES F. I terms at the p	DUTHBOROUGH 2 04, 2016 HEGARTY		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

2016 042801 State File #

RECEIVED TOWN CLERK'S OFFICE

THE	ormation neces	sary for the Certificate of Dea	un has been completed for:	ZOIP NOA - I I E	⊃ 5: 35 ;	
	Decedent Name Place of Death	,	ANN AD, SOUTHBOROUGH, MA	SOUTHBOROUG	· -	
Т	Date of Death	OCTOBER 01, 2016	Date of Birth	MARCH 24, 1938	Sex FEMALE	
EN	Residence	125 CARRIAGE HILL CIR	CLE, SOUTHBOROUGH, MA	SSACHUSETTS 01772		
ECEDENT	If U.S. veteran, s	pecify war/conflict(s) (most recent)				
Q	Branch of military (most recent)		Rank/organization/outfit(most recent)			
	Date entered(mo	ist recent)	Date Discharged (most recent)	Service Number(most	t recent)	
R	Certifier CHAR	RLES A MORRIS, MD		Lic # 215790		
IFIER	Addr. 75 FRAN	ICIS STREET, BOSTON, M	ASSACHUSETTS 02115		and the second of	
CERTI	Immediate Cause PARKINS ON					
Th	is permit autho	rizes the following Funeral S	ervice Licensee or Designee to 1	emove, dispose or transpo	rt remains as listed below	;
z	Funeral License	e/Designee NANCYG MORRI	IS	Li	ic # 5027 7	
T10 !	Facility. MOR	RIS FUNERAL HOME, SOU	THBOROUGH, MASSACHUS	SETTS		
II	D 77	CDEMATION		Data of Diam a mitigan (Of	CTODED OF 2016	

Disposition Type CREMATION

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT State Tracking # 042801 Local Permit# **OCTOBER 04, 2016** Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Egcility None of Walkers) Signature 180 Grove Street Worcester, MA 01605 Date of Disposition Name of Superintendent or Authorized Designee: Disposition Type

Acceptance of Permit

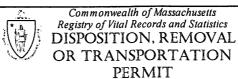
remation

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John

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2016 046170 State File #

lnfo	ormation necess	•						
	Decedent Name	STONE, TIM	MOTHY PICK	ERING				
	Place of Death 42 MAIN STREET, SOUTHBOROUGH, MA							
۲	Date of Death	OCTOBER 24,	2016	Da	te of Birth	SEPTEMBER 03, 1915	5 Sex	MALE
EN	Residence	42 MAIN STRE	ET, SOUTHBO	ROUGH, MASS	ACHUSE	TTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) WWII							:
	Branch of military (most recent) ARMY			Rank/organization/outfit(most recent) MAJOR/MEDICAL DETACHMENT 337TH INFANTRY				
	Date entered (mo JULY 30, 1943			oate Discharged (mo IAY 21, 1946	st recent)	Service Number(m 0439295	ost recent)	
R	Certifier EDWARD HOFFER, MD					<i>Lic</i> # 35453		
FIE			, FRAMINGHA	M, MASSACHU	SETTS 0	1702		
CERTIFIE	Immediate Cause SQUAMOUS	e of Death METAS TATIC(CANCER					
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
-		Designee Infant	Y G MURRIS				LIC# 30211	
N OI		U		BOROUGH, MAS	SSACHU	SETTS	LIC# SUZII	
SITION	Facility. MOR	U		BOROUGH, MA	SSACHU	SETTS Date of Disposition		6,2016
0	Facility. MORI Disposition Type Place/Address	RIS FUNERAL I	HOME, SOUTHI			Date of Disposition		26, 2016
DISPOSITION	Facility. MORI Disposition Type Place/Address	RIS FUNERAL I	HOME, SOUTHI					26, 2016
DISPO	Facility. MORI Disposition Type Place/Address	RIS FUNERAL I	HOME, SOUTHI			Date of Disposition		26, 2016
Er Er	Facility. MORI Disposition Type Place/Address RURAL CEM	RIS FUNERAL I	OVE STREET,	WORCESTER, N	MASSAC	Date of Disposition		26, 2016
O d SI Q	Facility. MORI Disposition Type Place/Address RURAL CEM	RIS FUNERAL F CREMATION ETERY, 180 GR	OVE STREET,	WORCESTER, N	MASSAC	Date of Disposition HUS ETTS 01605		26, 2016
Er Er	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements	RIS FUNERAL F CREMATION ETERY, 180 GR	OVE STREET, V	WORCESTER, M	MASSAC	Date of Disposition HUS ETTS 01605		26, 2016
DISPO	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking #	RIS FUNERAL F CREMATION ETERY, 180 GR Il Records and State 046170	OVE STREET, V	WORCESTER, M Board of Healt! Local Permit #	MASSAC n/Agent for 16-17 OCTO	Date of Disposition HUS ETTS 01605 THUS ETTS 01605		26, 2016
PERMIT 3 DISPO	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date	RIS FUNERAL F CREMATION ETERY, 180 GR Il Records and State 046170 OCTOBER 2	OVE STREET, vistics	Board of Healt! Local Permit # Date Name of Agent	AASSAC A/Agent for 16-17 OCTOL JAMES	Date of Disposition HUS ETTS 01605 TO SOUTHBOROUGH BER 26, 2016		26, 2016
PERMIT 3 DISPO	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	RIS FUNERAL F CREMATION ETERY, 180 GR Il Records and State 046170 OCTOBER 2	OVE STREET, Visities 5, 2016	Board of Healt! Local Permit # Date Name of Agent	AASSAC A/Agent for 16-17 OCTOL JAMES	Date of Disposition HUSETTS 01605 TO SOUTHBOROUGH BER 26, 2016 F. HEGARTY the place and date below:		26, 2016
PERMIT T DISPO	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	RIS FUNERAL FOR CREMATION ETERY, 180 GR al Records and State 046170 OCTOBER 2	OVE STREET, Visities 5, 2016	Board of Healt! Local Permit # Date Name of Agent	MASSAC n/Agent for 16-17 OCTOI JAMES	Date of Disposition HUSETTS 01605 TO SOUTHBOROUGH BER 26, 2016 F. HEGARTY the place and date below:		26, 2016
Er Er	Facility. MORI Disposition Type Place/Address RURAL CEM dorsements Registry of Vita State Tracking # Date I hereby certify	RIS FUNERAL FOR CREMATION ETERY, 180 GR al Records and State 046170 OCTOBER 2	OVE STREET, Visities 5, 2016	Board of Healt! Local Permit # Date Name of Agent	MASSAC 1/Agent for 16-17 OCTOI JAMES terms att Signatur X	Date of Disposition HUSETTS 01605 TO SOUTHBOROUGH BER 26, 2016 F. HEGARTY the place and date below:	OCTOBER 2	26, 2016

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

FICE

		4001		
	Regis DISI	mmonwealth of Massachusetts try of Vital Records and Statistics POSITION, REMOVAI TRANSPORTATION PERMIT		TOWN CLERK'S O
Inf	ormation necessary for the Certificate of Death h	as been completed for:		2016 DEC 151A
	Decedent Name STONE, TIMOTHY PICK Place of Death 42 MAIN STREET, SOUTHBO	ŒRING ROUGH, MA		SOUTHBOROUGH,
L L	Date of Death OCTOBER 24, 2016	Date of Birth SI	EPTEMBER 03, 1915	Sex MALE
DEN	Residence 42 MAIN STREET, SOUTHBO	ROUGH, MASS ACHUSETTS	01772	
DECEDENT			on/outfit(most recent) ICAL DETACHMENT Service Number(most t 0439295	
æ	Certifier EDWARD HOFFER, MD		Lic # 35453	
FIE	Addr. 655 CONCORD STREET, FRAMINGHA	M, MASSACHUSETTS 01702	<u> </u>	
CERTIFIER	Immediate Cause of Death SQUAMOUS METASTATIC CANCEER			
T	nis permit authorizes the following Funeral Servi	ce Licensee or Designee to rem	ove, dispose or transport	remains as listed below:
z	Funeral Licensee/Designee NANCYG MORRIS		Lic	# 50277
	Facility. MORRIS FUNERAL HOME, SOUTHI	BOROUGH, MASSACHUSET	TS	
OSITIO	Disposition Type CREMATION		Date of Disposition OC	TOBER 26, 2016
DISP	Place/Address RURAL CEMETERY, 180 GROVE STREET, V	WORCESTER, MASSACHUS	SETTS 01605	
E	dorsements			
[Registry of Vital Records and Statistics	Board of Health/Agent for: SO	OUTHBOROUGH	
MIT	State Tracking # 046170	Local Permit# E-PERMIT		
PER	Date OCTOBER 25, 2016	Date		
		Name of Agent —		

Acceptance of Permit

Place of Disposition (Facility Name and Address)

Remark

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Signature

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

No. // -/

R-309-10

.16-1

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Dayles Wouldson
Sex M Date of Death Well 25, 1976
Place of Mailbotoligh, Me Death Mailbotoligh, Me
Date of Birth 2, 1890
Immediate Gastree hemonhage
Certifier JOHA Chear M.D./DO
Permit MODILS FX
Disposition Hope Cemeley Worcasky
Name of MOULS FX
Date Permit (1) 17, 2016

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be rejurned immediately to the issuing City/Town, properly endorsed
to lever Clerk
(Office issuing permit)
City/Town of SCULP DOTOLIGH Mass.
Name of Decedent Charles Worthaldsox
If a U.S. War Veteran, specify what war, organization, etc.
=======================================
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at KURAL COMETERY SATTEMANN MA
(Name of cemetery or crematory) (City/Town)
on Member 21, 2016. 14, LOT 542, ENJ. 1
Final Disposition To Superal AT Hole Constaly Work Min
Certified by Alle Alle Alle Alle Alle Alle Alle All
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 06-15

(Daté)

OFFICIAL BURIAL (OR REMOVAL) PERMI

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

A satisfactory certificate of death having been filed, permission is hereby given to

BRITTON Significate of death having been filed, permission is hereby given to

RITTON Significate of death having been filed, permission is hereby given to

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or the removal from ... No. 1876 (To be filled out in case of removal)

(To be filled out in case of removal)

A Completely in West No. 2014 M. A. ... of the

ody of WAROLSON REEDINE WEBT Twho died NA (Day)

age years, months, TCTW \ days

If a U. S. War Veteran, specify what war, organization, etc.....

Residence at time of death 37 Robin Rd Washington Mill

(Signature of Agent of Board Alcalth, or, in thems where there is no

R-309

OG 15

(City or town)

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TANN (LEAKS OFFICE
(Office issuing permit)

ty or Town of School Mass

ame of deceased MAUOSAN NOT MINO WED DEC

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Removal

Rural Cemetery Southborough, MA......

November 16, 2006
From Sec.B-West, Lot 43N.E., Grv#2A
Certified by

(Name of cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.